

ALL OF THE FOLLOWING QUESTIONS MUST BE COMPLETED. ATTACH SUPPORTING DOCUMENTS

EFO00002:12/2007

**Section B. Eligibility Status** As of January 1, 2008, I was (check all that apply)

☐ 65 or older    ☐ Blind    ☐ Former P.O.W.    ☐ Fatherless or Motherless Minor

☐ Widow(er):    Spouse Name \_\_\_\_\_ Date of Death \_\_\_\_\_

☐ Veteran 10-30% Service-connected disability  
☐ Veteran 40-100% Service-connected disability  
☐ Veteran Nonservice-connected disability with pension

Entity recognizing the disability:

Soc. Sec. Adm. ☐    Fed. Civil Svc. ☐    R/R Retirement ☐

<b>Section C. Income</b>	
Household Income and Qualified Expenses January 1 - December 31, 2007 Subsection 1	
1. Federal adjusted gross income.....	\$ _____
Extension filed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subsection 2 Include all income from all sources <b>not</b> included in Section 1 (taxable and nontaxable)	
2. Social Security income/SSI (Claimant) .....	\$ _____
3. Social Security income/SSI (Spouse) .....	\$ _____
4. Capital gains .....	\$ _____
5. Wages, workers' compensation, and/or unemployment .....	\$ _____
6. Pensions, retirements, annuities, and/or IRAs	\$ _____
7. VA pension or compensation .....	\$ _____
8. Interest and dividends.....	\$ _____
9. Railroad retirement .....	\$ _____
10. Other income (Received from _____)	\$ _____
11. Subtotal (add lines 1 through 10) .....	\$ _____
12. Principal of annuity (Attach contract.) .....	\$ (_____)
13. Total of nonreimbursed, paid medical expenses and medical insurance premiums .....	\$ (_____)
14. Total of paid or prepaid funeral expenses (Attach receipt - maximum allowable amount: \$5,000.)	\$ (_____)
15. Subtotal of deductions (Add lines 12, 13, and 14)	\$ _____
16. Total net income (Subtract line 15 from line 11)	\$ _____

FOR COUNTY USE ONLY	
<b>Check all that apply:</b>	
<input type="checkbox"/> Single family <input type="checkbox"/> Multi dwelling _____ % <input type="checkbox"/> Multi use _____ %	<input type="checkbox"/> Sole owner <input type="checkbox"/> Community property <input type="checkbox"/> Partial ownership _____ % <input type="checkbox"/> Trust or life estate
Overall claimant percentage of ownership/use _____ %	
I _____, certify that Property Tax <div style="text-align: center; font-style: italic;">County Assessor or Deputy Assessor</div>	
Reduction benefits are only applied to the claimant's eligible portion of the net taxable value.	
The following section should be completed if the claimant is receiving benefits on any prorated taxable value:	
1. Land taxable value (one acre or less)	\$ _____
2. Improvement(s) full value (one residence)	\$ _____
3. Homestead exemption	\$ ( _____ )
4. Net taxable	\$ _____
Tax reduction not to exceed:	Date
Approved and verified by Assessor or Deputy Assessor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disapproved and verified by Assessor or Deputy Assessor: <input type="checkbox"/> Yes <input type="checkbox"/> No